

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	70200	03-10
O.I.P.E. CLASSIFIER		19	5 8 00
FORMALITY REVIEW	AL	574	6/22/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	04-24-01
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Claim	Date
Final	
Original	04-24-01
1	02-10-02
2	09-28-02
3	11-07-03
4	07-28-03
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Claim	Date
Final	
Original	02-10-02
1	09-28-02
2	11-07-03
3	06-28-03
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If more than 150 claims or 10 actions  
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